

PURPOSE

The purpose of reentry planning and preparation is to reduce recidivism by creating a seamless system of services. From the time of the youth's admission to a state run or private, contracted juvenile justice residential treatment facility and through reentry and aftercare in the community, facility staff must direct services toward the youth's reentry into the community and achievement of the youth's approved permanency planning goal.

DEFINITIONS

See [JRG, JJ Residential Glossary](#).

Unplanned Release

An unplanned release is a release that is both prior to the estimated release date **and** unexpected (such as, a court ordering the immediate release of a youth against the juvenile justice specialist and facility treatment team recommendation or a youth AWOLP/escape who does not return to the facility).

RESPONSIBLE STAFF

State run and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to reentry planning and preparation. At a minimum, these SOPs must contain the following requirements:

MICHIGAN YOUTH REENTRY INITIATIVE

The Michigan Youth Reentry Initiative (MYRI) provides the opportunity for youth placed in state operated facilities to receive individualized planning and wraparound services to assist with successful community reentry.

A youth's assigned juvenile justice specialist (JJS) must request a referral to MYRI **six months prior** to the youth's scheduled release

date. The treatment and transition team and MYRI representative must complete and sign the DHS-738, Reentry Plan, to detail reentry services and needs.

Phase One, Getting Ready

Phase One, Getting Ready, begins immediately upon the youth's admission to the facility and involves the first two reentry decision points:

Assessment and Classification

Criminogenic risk and need factors are predictive of delinquent behavior. To reduce recidivism, services and treatment must target criminogenic risks identified by the Michigan Juvenile Justice Assessment System tools and the needs identified by the JJ Strengths and Needs Assessment. Facility staff must screen and assess each youth and identified family using the tools identified in [JRM 202, Residential Assessments](#).

Behavior and Programming

Pursuant to Mich Admin Code, R 400.4109, facility staff must provide information to the youth and the youth's parent(s)/legal guardian(s) on the services that will be provided to address the youth's and parent(s)/legal guardian(s) needs. An individualized treatment plan, based on the assessments conducted for each youth and identified family, must be developed to outline the services that will be provided during the placement and to support a safe and successful return to the community. Programming must include evidence-based treatment options that are proven to impact the specific needs and criminogenic risks identified in the youth's assessment. Programming elements include, but are not limited to:

- Medical and mental health services.
- Substance abuse treatment and behavioral therapy.
- Education and vocational training, including independent living skills.
- Family engagement services and supports to strengthen the relationship between youth and their families.
- Pro-social recreational activities.

Phase Two, Going Home

Phase Two, Going Home, begins six months before the youth's estimated release date. In this phase, a detailed reentry plan must be written, using the DHS-738, Reentry Plan, in MiSACWIS. In accordance with Mich Admin Code, R 400.4166, facility staff must begin to assess the youth's needs that will still need to be met; see [JRM 201, Residential Treatment Plans, Reentry Plans and Release Reports](#) on developing Reentry Plans and Release Reports. Phase Two includes the next two major decision points:

Release Preparation

During Phase Two, a treatment and transition team must be developed beginning at least six months before the youth's estimated release date. The treatment and transition team must meet monthly and include, but is not limited to:

- The youth.
- The youth's identified family, mentor and/or other important people in his or her life.
- The assigned juvenile justice specialist.
- Residential facility treatment staff.
- Education/vocational providers.
- Community service providers that a youth has been or will be referred to for post-release services.

Treatment and transition team meetings may be attended by conference call or video conferencing to ensure maximum participation of team members. Facility staff must work with the assigned juvenile justice specialist to plan reentry referrals and services; see [JJM 430, Community Placement & Reentry](#), for juvenile justice specialist role and responsibilities.

The treatment and transition team must work together and join with community-based agencies to develop a strong public safety conscious reentry plan that will ensure a youth's access to stable housing, health care, and education or employment opportunities upon release. While preparing the youth for release, family members and victims must also be prepared by facility staff

providing notification and appropriate information concerning the youth's release; see [JRM 502, Victim Notification](#).

Referrals for Community-based Services

Six months prior to the youths estimated release date, the residential facility staff must ensure the juvenile justice specialist is provided the appropriate documentation to make referrals to service providers to address the youth's and identified family's needs in the following areas:

- Housing.
- Employment or education.
- Family relations.
- Medical.
- Mental health.
- Substance abuse.
- Any disability.
- Safety planning.
- Finances.

Pursuant to Mich Admin Code, R 400.4109, facility staff must inform the youth and youth's parent(s)/legal guardian(s) of the services that will be provided by other service providers. The residential facility staff must also assist the assigned juvenile justice specialist, as needed, to obtain a completed and signed DHS-1555-CS, Authorization to Release Confidential Information, to provide information to potential reentry service providers; see [SRM 131, Confidentiality](#), for additional information on when a DHS-1555-CS is required.

The Michigan Youth Reentry Initiative (MYRI) provides the opportunity for youth placed at state-run facilities to receive individualized planning and wraparound services to assist with successful community reentry.

The youth's assigned juvenile justice specialist (JJS) must request a referral to MYRI **six months prior** to the youth's anticipated release date. The youth's JJS must complete and submit the DHS-449 according to the instructions on the form.

The treatment and transition team and MYRI representative must complete and sign the DHS-738, Reentry Plan, to detail reentry needs and services.

Michigan Rehabilitation Services (MRS) works with youth and adults with disabilities to provide transition services. Transition services assist the youth moving from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living or community participation. Facility staff must work with the juvenile justice specialist to determine if a MDHHS-supervised youth may be eligible for MRS transition services according to the details outlined in [JJM 431, Reentry Services](#).

For youth placed in a Mental Health & Behavior Stabilization, Substance Abuse Rehabilitation or Developmentally Delayed/Cognitively Impaired program, facility staff must work with the juvenile justice specialist to refer the youth to the Community Mental Health Service Provider (CMHSP) for mental health services in the county the youth will reside upon reentry.

Exception: State run residential treatment facilities must also work with the court probation officer to refer court-supervised youth to MYRI, MRS and CMHSP.

Release Decision-making

The treatment and transition team must provide an ongoing review of the youth's progress following the treatment plan and the extent to which the youth is prepared to return to the community. The strengths and needs of the youth and identified family, the resources in the community, and conditions for release must be developed to support treatment team recommendations. The treatment team must make release recommendations to the juvenile justice specialist to assist in determining the earliest release date for the youth.

At or near satisfactory completion of treatment, the residential case manager and the juvenile justice specialist must agree that the youth is ready for release. Any disagreement between the juvenile justice specialist and residential case manager regarding release readiness should be resolved following the process outlined in [JJM 410, Placement Selection and Standards, Release or Replacement from Residential Placement](#).

Pursuant to MCL 803.307, the youth must not be released from placement in a facility to a community-based placement until the DNA sample has been collected; see JRM 230, DNA Samples for

more information on how to determine if a DNA sample is required and how to verify that a DNA sample has been collected.

For MDHHS-supervised juvenile justice youth, the treatment and transition team must work together to ensure the youth and his or her family have reviewed and signed a DHS-767, Conditions of Placement Agreement, at least seven calendar days prior to the youth's planned release or within seven calendar days of a youth's unplanned release to ensure clear expectations for maintaining community placement are established.

See [JJM 700, Juvenile Justice Assignment Unit Placement Process, Residential Replacement Process](#), for the required approvals and processes to follow for release or replacement of a youth.

QRTP AFTERCARE

Youth returning to the community from a contracted qualified residential treatment program are entitled to receive six months of family-based aftercare support services from the program.

Note: Aftercare support for youth is not required if the youth moves to another child caring institution, adult foster care, shelter, hospital, detention or jail.

Reentry/aftercare services are not required to be provided if the youth was in the qualified residential treatment program for 14 days or less, or if the independent initial assessment determines that the youth should be serviced in the community **and** that the youth is released from the qualified residential treatment program within 30 days of admission.

For families living outside of the 90-mile radius from the facility, the facility director and/or designee may subcontract or partner with another residential who is in the family's community. If the family is living outside of the 90-mile radius and services are subcontracted, the Families Transition Coordinator (FTC) is responsible for ensuring that the required services are being provided and the aftercare residential report is completed and submitted.

Level One Services

Level one aftercare services are to be provided when the youth has services in the home from Community Mental Health (CMH) or Prepaid Inpatient Health Plan (PIHP), or other services approved by program office. The facility director and/or designee is:

**Level Two
Services**

- Responsible for assessing the youth and family for any needs that are not being covered by CMH and completing the appropriate referrals.
- To participate in CMH Wraparound meetings with the team, if appropriate.
- To have regular, minimum of monthly, contact with the CMH service provider for updates on the youth.
- To complete the first contact within five business days of discharge from the program. Thereafter,
 - Two times within the first 30 days post discharge.
 - One time a month for the remaining months.

Level two aftercare services are to be provided when the youth does not have services provided by CMH, another plan, or a service approved by program office. The facility director and/or designee is:

- Responsible for assessing the youth and family for needs and completing appropriate referrals.
- To provide crisis on-call.
- To provide therapeutic/psychiatric services as identified by the youth's treatment plan.
- Offering activities, classes or other programs for the youth and the family to participate in.
- Assessing the need for CMH services and assisting with facilitating services.
- Completing the first face to face contact within five business days of release from placement. Thereafter:
 - One time per week for the first 30 days post release.
 - Two times per month for the second month post release.
 - One time a month for the remaining months.
 - Face to face contacts may be made by the families transition coordinator or therapist.

See [JRM 201, Treatment Plans, Reentry Plans and Release Reports](#), for more information on assessments and reports for aftercare services.

LEGAL BASE

Federal

Social Security Act, 42 USC 672(4)(F)

Requires qualified residential treatment programs to provide aftercare services for at least six months post release.

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

State

The Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.307.

A public ward under a youth's agency's jurisdiction shall not be released from a facility until there has been approval from the court of jurisdiction.

The Juvenile Justice Facilities Act, 1988 PA 73, as amended, MCL 803.225a.

Provides DNA sample collection requirements for juveniles who are under the supervision of the department of a county juvenile agency under section 18 of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18 and have been found responsible for or convicted of certain offenses. Prohibits a youth to be released to a community placement of any kind or discharged from wardship until DNA samples have been collected. Provides which samples are required to be collected by the designated agency and required assessment fees.

**Michigan
Administrative
Code****Licensing Rules for Child Caring Institutions, Mich Admin
Code, R 400.4109.**

Requires residential facilities to have a program statement made available to youth, youth's parent(s)/legal guardian(s) and referral sources, addressing the services that will be provided to the youth and the youth's parent(s)/legal guardian(s) directly by the residential facility and/or outside service providers.

**Licensing Rules for Child Caring Institutions, Mich Admin
Code, R 400.4166.**

Provides release report documentation requirements and time frames for all planned and unplanned releases of a youth from a residential facility.

POLICY CONTACTS

Policy clarification questions may be submitted by juvenile justice supervisors and management to: Juvenile-Justice-Policy@michigan.gov.